(b) No, Sir. The medical reimbursement claims of CGHS pensioner beneficiaries are normally cleared within 4 to 6 weeks time except in those cases which involve relaxation of rules; require the opinion of the Expert Committee; or in the event of budgetary constraints.

(c) Information is being collected and will be laid on the Table of the House.

(d) In view of (b) above, the question does not arise.

Decentralisation of issuing drug related approvals

1315. SHRI CHO S. RAMASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is move to decentralize the issuance of form 10/ test licences and other related approvals from the Drug Controller's Office;

(b) if so, the system in place to monitor the process and provide better centralized assistance to the firms; and

(c) whether Government have considered all angles before taking a decision on this decentralization issue?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) At present there is no proposal to decentralize the issuance of Form 10/Test Licence and other related approval from the office of the Drugs Controller General (India).

(b) and (c) Do not arise.

AIDS scare in Maharashtra and Tamil Nadu

1316. SHRI SANJAY NIRUPAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that as per the latest report of WHO, four million to five million people are infected with HIV in India and UNAIDS-WHO report speaks to "serious epidemics" underway in Maharashtra and Tamil Nadu;

(b) if so, the details thereof; and

(c) the steps taken to overcome the crisis?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) The National AIDS Control Organisation, Government of India conducts a nation-wide HIV sentinel surveillence each year, in order to monitor the trends and to estimate the burden of HIV infection in the country. The estimated number of people living with HIV is 3.82 million at the lower end of the range and 4.58 million at the higher end. The States of Maharashtra and Tamil Nadu are among the six high prevalance States for HIV/AIDS. The others 4 high prevalence States are Andhra Pradesh, Karnataka, Manipur and Nagaland.

(c) In order to prevent and control the spread of HIV/AIDS in India, Government of India has launched a comprehensive National AIDS Control Programme, currently under implementation throughout the country as a centrally sponsored scheme with the following components:—

- Preventive interventions for high-risk populations through targeted interventions adopting a multi-pronged strategy including peer counselling and behaviour change communication.
- Preventive interventions for the general population through programmes for blood safety, voluntary, counselling and testing services, Prevention of parent to Child Transmission (PPTCT), treatment of Sexually Transmitted Diseases (STD), Information Education and Communication (IEC) and awareness building among adolescents and sensitization for the AIDS Vaccine Initiative.
- Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.
- Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public-private partnerships.
- Building technical and managerial capacities for programmes implementation through Surveillance, Training, Monitoring the Evaluation, Technical resource, groups, operational research and Programme management.

In addition, two projects namely AIDS Prevention and Control

Project (APAC), in Tamil Nadu and AVERT in Maharashtra are under implementation for effective prevention and control of HIV/AIDS in these States. These projects are supported by United State Agency for International Development (USAID).

National Medicinal Plants Board

†1317. SHRI MOTILAL VORA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) when the National Medicinal Plants Board was constituted;

(b) the details of its objectives;

(c) the amount allocated to the Boards by Government so far;

(d) whether Government have so far reviewed the works done by the Board; if so, the details thereof;

(e) whether it is a fact that the Board has reported shortage of employees; and

(f) if so, the obstacles in the oppointment of employees?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) The National Medicinal Plants Board was established *vide* notification dated 24th November, 2000.

(b) The objectives of the Board include coordinate of all matters relating to medicinal plants, including drawing up policies and strategies for conservation, proper harvesting, cost-effective cultivation, research and development, processing, marketing of raw material in order to protect, sustain and develop this sector.

(c) The amount allotted to the Board so far is as follows:

2000-2001	Rs. 0093.51 lakhs
2001-2002	Rs. 1172.69 lakhs
2002-2003	Rs. 1585.24 lakhs
2003-2004	Rs. 1500.00 lakhs

(d) The performance of the Boards is reviewed by its Governing Body from time to time. Besides, the works done by the Boards are reviewed by the Department of AYUSH regularly.

†Original notice of the question was received in Hindi.